



Division of Labor  
Elevator, Boiler and Amusement Ride Bureau  
1000 East Grand Avenue  
Des Moines, Iowa 50319-0209  
(515) 281-5415 or (515) 281-3647

**Office Use Only**

New ☐ Renewal ☐  
☐ Check # \_\_\_\_\_  
☐ Cash \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Commission \_\_\_\_\_  
Number \_\_\_\_\_

## State of Iowa Elevator Inspector Application

Application for Iowa Special Inspector's Commission  
(Complete ALL Items)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

High School & Year Graduated (or G.E.D.) \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Please check the testing organization if you have satisfactorily passed the examination.

\_\_\_\_ NAESA QEI number and expiration date \_\_\_\_\_

\_\_\_\_ EIWPF QEI number and expiration date \_\_\_\_\_

\_\_\_\_ Other QEI certifying agency name, number and expiration date \_\_\_\_\_

Please list the last three years of full time work experience in the construction, installation, repair or inspection, of devices regulated by the Iowa State Elevator Code.

Dates of Employment	Employer's name, address, and phone number	Description of my work

If additional space is needed, please attach a separate sheet of paper to the application.

## NOTICE:

Iowa Code Sections 252J.8 and 261.126 require that records of special inspector licenses are maintained by social security number. If you withhold your social security number, this application will be denied. Your social security number may be shared with the Child Support Recovery Unit, Department of Human Services and the College Student Aid Commission for the use in collection of debts. If you are behind in payments, this or future applications may be denied, or if you have a special inspector license it may be suspended or revoked. Your social security number may also be shared with other government agencies.

I certify the information submitted above and the attachments to this application are correct and valid. If any changes occur, I will notify the Division of Labor within 30 days of the change. I agree by making this application to receive and accept service of any official notice or mailings from the Iowa Division of Labor at either of my addresses listed above. I have at least 3 years of experience in the construction, installation, repair or inspection of devices regulated by the Iowa State Elevator Code. I understand that the Division of Labor Services may deny this application, revoke my license, or pursue criminal charges if I make false or fraudulent statements on this form or submit false or fraudulent attachments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RETURN REQUIRED ATTACHMENTS:

- A copy of the applicant's current QEI certification.
- \$60.00 Annual Fee
- Proof of insurance. The applicant shall provide evidence of insurance covering liability for death or injury caused by acts or omissions by applicant. The minimum required insurance coverages are:
  - \$1,000,000 for bodily injury or death of one person in one accident.
  - \$5,000,000 for bodily injury or death of more than one person in one accident.
  - \$100,000 for property damage in one accident.(Note: The applicant's employer may hold the policy.)

## RETURN TO:

Iowa Division of Labor  
Elevator, Boiler and Amusement Ride Bureau  
1000 E. Grand Avenue  
Des Moines, IA 50319-0209

## DIVISION OF LABOR SERVICE EXAMINATION

Each applicant must satisfactorily pass a Division of Labor Services examination on Iowa procedures and policies including Iowa Code Chapter 89A, Iowa Admin. Code Chapters 71 to 77 and adopted ASME codes. Please contact the Division of Labor Services, Elevator, Boiler and Amusement Ride Bureau for more details at: (515) 281-5415.